

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		<i>03/22/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>Umb</i>	<i>68231</i>	<i>5.19.00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	3/10/00
2	✓	✓	3/10/00
3	✓	✓	3/10/00
4	✓	✓	3/10/00
5	✓	✓	3/10/00
6	✓	✓	3/10/00
7	✓	✓	3/10/00
8	✓	✓	3/10/00
9	✓	✓	3/10/00
10	✓	✓	3/10/00
11	✓	✓	3/10/00
12	✓	✓	3/10/00
13	✓	✓	3/10/00
14	✓	✓	3/10/00
15	✓	✓	3/10/00
16	✓	✓	3/10/00
17	✓	✓	3/10/00
18	✓	✓	3/10/00
19	✓	✓	3/10/00
20	✓	✓	3/10/00
21	✓	✓	3/10/00
22	✓	✓	3/10/00
23	✓	✓	3/10/00
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25	✓	✓	3/10/00
26	✓	✓	3/10/00
27	✓	✓	3/10/00
28	✓	✓	3/10/00
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31	✓	✓	3/10/00
32	✓	✓	3/10/00
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45	✓	✓	3/10/00
46	✓	✓	3/10/00
47	✓	✓	3/10/00
48	✓	✓	3/10/00
49	✓	✓	3/10/00
50	✓	✓	3/10/00

Claim	Final	Original	Date
51	✓	✓	3/10/00
52	✓	✓	3/10/00
53	✓	✓	3/10/00
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67	✓	✓	3/10/00
68	✓	✓	3/10/00
69	✓	✓	3/10/00
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73	✓	✓	3/10/00
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76	✓	✓	3/10/00
77	✓	✓	3/10/00
78	✓	✓	3/10/00
79	✓	✓	3/10/00
80	✓	✓	3/10/00
81	✓	✓	3/10/00
82	✓	✓	3/10/00
83	✓	✓	3/10/00
84	✓	✓	3/10/00
85	✓	✓	3/10/00
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87	✓	✓	3/10/00
88	✓	✓	3/10/00
89	✓	✓	3/10/00
90	✓	✓	3/10/00
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96	✓	✓	3/10/00
97	✓	✓	3/10/00
98	✓	✓	3/10/00
99	✓	✓	3/10/00
100	✓	✓	3/10/00

Claim	Final	Original	Date
101			
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If more than 150 claims or 10 actions
staple additional sheet here

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